

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003036

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 374

Primary Registration District No.

Registrar's No. 158

FILED FEB 15 1963

1. PLACE OF DEATH

a. COUNTY

Reynolds

b. CITY (If outside corporate limits, give TOWNSHIP only)

Centerville- 1 mi. N on Hy 21

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY

Reynolds

c. CITY
OR
TOWN CentervilleInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Clarence

Earl

Tripp

4. DATE
OF
DEATH

Month

Day

Year

Feb. 2 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug. 30, 1934 28

9. AGE (last birthday)

IF UNDER 1 YEAR
Months Days Hours Min.

5 2

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Centerville, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Walter A. Tripp

13b. MOTHER'S MAIDEN NAME

Myrtle Dorton

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

7

17. INFORMANT

Walter Tripp, Centerville

Address

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Broken neck and skull fracture

INTERVAL BETWEEN
ONSET AND DEATH

instant

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Due to Auto Accident

20c. TIME OF
INJURY
Hour Month, Day, Year
3:30 a.m. 2-2-6320d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

state highway

20f. CITY, TOWN, OR LOCATION

1 mi N of Centerville on Highway

COUNTY

STATE

21

21. I attended the deceased from _____, to _____ and last saw her
him alive on _____
Death occurred at 3:30 AM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

2-2-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

2-4-63

23c. NAME OF CEMETERY OR CREMATORY

Centerville Cemetery

23d. LOCATION (City, town, or county)

Centerville Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Pewitt Funeral Home, Ellington, Mo

25. DATE RECD. BY LOCAL REG.

Feb 5 1963

26. REGISTRAR'S SIGNATURE

Elma Jarvis

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS-300
Rev. 4/59

6900

2900

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Chas S. Penatt

Licensed Embalmer No. 4574

P. O. Address Ellington, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.